



FARM & BUSINESS CREDIT APPLICATION & AGREEMENT
(Use back if more space needed) Page 1 of 2

Date __/__/__

Farm/Business Name _____ When Was Business Established? ____/____/____

Complete Billing & Mailing Address (Street Number, Street Name, City, State & Zip Code)

() () ()
Phone Number Fax Number Mobile Phone Number

Federal Identification Number Social Security Number State Sales Tax Number Email Address

Business Is A: [] Corporation, [] LLC, [] Partnership, [] Sole Proprietorship (individual using his social security number)

Type of Business (Farm, Contractor, Etc.) Accounts Payable Contact Does Your Company Pay By Statement Or Invoice?

If Corporation, List Corporate Officers (Name & Title) or If LLC/Partnership, List All Partners or If Sole Proprietorship, List Owner

Table with 6 columns: Name, Title, Name, Title, Name, Title

Banking Information (Provide all Banks and complete the Bank Reference and Authorization to Release Information form)

Table with 3 columns: Name of Bank & Full Address, Contact Name, Phone Number

Credit References/Major Suppliers

Table with 4 columns: Company, Address (Street, City, State & Zip Code), Phone Number, Fax Number

Credit Limit Requested \$ _____. Credit Limit Approved \$ _____ (Credit Manager/CFO)

Farm/Business Applications we request a copy of the most recent annual Income Statement & Balance Sheet.



BUSINESS CREDIT APPLICATION & AGREEMENT

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AGREEMENT: By accepting, signing or using the account for which application is being made herein, the company and anyone authorized by such company to use the account (such company and all authorized users being herein collectively referred to as "Holder"), jointly and severally agree as follows: (1) to assume responsibility for all credit extended by Rockingham Cooperative Farm Bureau, Inc. pursuant to authorized use of the account; (2) to pay, at such place as Rockingham Cooperative Farm Bureau, Inc. designates, obligations evidencing such credit, and FINANCE CHARGE, (APR 18%, 1 1/2% monthly), where applicable (determined as provided in the Rockingham Cooperative Farm Bureau, Inc. Credit Plans delivered herewith and made a part hereof), in accordance with billings and the current payment schedule, including a 25% attorney's fee and other costs of collection in the event of default; (3) to notify Rockingham Cooperative Farm Bureau, Inc. promptly in writing of loss, theft, or unauthorized use of the account; (4) that the account may be cancelled by Rockingham Cooperative Farm Bureau, Inc. at any time; (5) to surrender the account upon demand; (6) that any claim of Rockingham Cooperative Farm Bureau, Inc. against Holder shall, at Rockingham Cooperative Farm Bureau, Inc.'s option, become immediately due and payable upon failure of Holder to perform any terms hereof or make any payments as otherwise agreed; (7) that Rockingham Cooperative Farm Bureau, Inc. may upon 15 days' prior written notice to the company, amend or change any provision or term of this Agreement or the Rockingham Cooperative Farm Bureau, Inc. Credit Plans; (8) that the law of Virginia shall govern all rights and duties hereunder; (9) that venue and jurisdiction for the enforcement of the obligations hereunder shall be in Rockingham County, Virginia, unless another venue and jurisdiction is agreed to, in writing, by Rockingham Cooperative Farm Bureau, Inc.

30-Day Credit Plan: Rockingham Cooperative Farm Bureau, Inc. 30-Day charge accounts are based on a monthly billing cycle and monthly statements will be prepared on the last business day of each month designated as the "Date of Statement" on your monthly statement. All credit purchases and all payments occurring after Date of Statement will appear on your next monthly statement. Your account is due and payable in full on the first day of the month following purchase; however, if the "New Balance" appearing on your monthly statement is received by Rockingham Cooperative Farm Bureau, Inc. within 30 days of Date of Statement, no FINANCE CHARGE is imposed. If "New Balance" is not paid within 30 days of Date of Statement, a FINANCE CHARGE is imposed at a periodic rate of 1 1/2 % per month (or a minimum charge of 25 cents per month for amounts under \$17.00) on the "Adjusted Balance" appearing on your monthly statement. "Adjusted Balance" is the "Previous Balance" reduced by all payments and credits shown on the monthly statement and received during the monthly billing cycle.

The ANNUAL PERCENTAGE RATE of the FINANCE CHARGE is 18%.

Special Note: The disclosure of finance charge and the manner in which it is determined is not an invitation or authorization to pay your account in monthly installments. All accounts are due in full on the 1st day of the month following purchase.

I certify that I have read the Rockingham Cooperative Farm Bureau, Inc. Customer Agreement & 30-Day Credit Plan set forth above containing all the disclosures required by law. I am aware of, and agree to be bound by, the terms of the Rockingham Cooperative Farm Bureau, Inc. 30-Day Credit Plan and Customer Agreement. I understand that if a renewal or replacement account is issued to me, I will continue to be bound by the terms of the Rockingham Cooperative Farm Bureau, Inc. Credit Plans and Customer Agreement without any further disclosures or notice to me.

Signature Title Date

PERSONAL GUARANTY

In consideration of Rockingham Cooperative, Inc. extension of credit to the entity above, the undersigned hereby personally guaranties unconditionally and irrevocably the prompt payment of any sum now or hereafter owed. This Guaranty shall continue in force until notice in writing, sent by registered mail, return receipt requested is received by the Credit Manager of Rockingham Cooperative, Inc. Notice would need to be delivered 30 days before termination.

GUARANTOR SIGNATURE PRINTED NAME TITLE RESIDENTIAL ADDRESS TELEPHONE NO of RESIDENCE SOCIAL SECURITY NUMBER

Signup for statements and/or invoices by email

Email Address:

Please check which you would like:

- [] Invoices by email [] Statements by email

Internal Use Only Date Received: ___/___/___ Signed: ___ Date Approved: ___/___/___ Signed: ___ CFO Approved: ___/___/___ Signed: ___ Customer #: _____ Set-up Date ___/___/___ Initials: ___

Bank Reference and Authorization to Release Information

Date: ____/____/____

I/We authorize you to provide any/all information requested by the management team of Rockingham Cooperative, Inc. Such information includes but is not limited to: account balances, credit history, tax returns, income statements, and balance sheets.

Husband (Please Print)

Wife (Please Print)

Husband (Signature)

Wife (Signature)

OR

Farm/Business Name (please print)

by: _____
Print Name & Title of Authorized Signor

Signature: _____
Authorized Signor